

Contribution Pages

5

Expenditure Pages

# A76/7 Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

				292	<u>                                       </u>	i Pi	1 -	10		
Committee Name			Office Sought					Distric		
Friends of Josh Gerth for Tr	ustee				Anders	on Tow	nst	nip Trustee		i.
Street Address		City				State	Zip	)		
4842 Tomahawk Trail		Union Tov	wnship			ОН	4!	5150		
Candidate Name OR PAC Registra	tion Number	Treasurer Name	)					Election Date	(MM/	DD/YYYY)
Joshua Gerth		Angela Stock	ker					11/2/2021		
Type of Report (choose one	e):								-	
Annual 4 Semiannu	al Pre-Primary	Post-Pr	rimary	Pre	-General	F	os	t-General		
Statewide Candidates Only:									ſ	Year
July Monthly Aug	ust Monthly   Se	ptember Mont	thly							2021
Amended Report Termi	nation		Short	Form Re	eport (R.	C. 351	7.10	D(H))		
IIAI NO IIVAS III	heck this box if the co							e is filing a	_	
	siles to terrimate with	Tims report	Sil	on term	report. S	ee alla	cne	d instruction	S. 	
1. Amount brought forwa	ard from last report			840.78						
2. Total monetary contril	butions (From Forms	31-A and 31-l	E)	42,500.00						
3. Total other income (Fr	rom Form 31-A-2)			0.00						
4. Total funds available (	sum of lines 1, 2, 3)			43,340.78						
5. Total monetary expend	ditures (From Forms	31-B and 31-F	=)	7801.62						
6. Balance on hand (line	4 minus line 5)			,	35	5,539.16	3			
7. Value of in-kind contri	butions received (Fr	om Form 31-J	J-1)	1,722.86						
8. Value of in-kind contri	butions made (From	Form 31-J-2)		1164.30						
9. Outstanding loans ow	ed by committee (Fr	om Form 31-C	C)	0.00						
10. Outstanding debts or	10. Outstanding debts owed by committee (From Form 31-N)			0.00						
11. Outstanding loans ov	wed to committee (F	rom Form 31-I	K)	0.00						
12. Value of independent	12. Value of independent expenditures made (From Form 31-U)			0.00						
THIS STATEMENT IS MA WHOEVER COMMITS EL						HE FIF	тн	DEGREE.		
ammla SM	Stock					7/	30/	2021		
Signature of Treasurer or Deputy T	reasurer		71 A. V. A. L V V V V V V V.			Date (N	1M/E	DD/YYYY)		

Other Pages

30

Total Pages

Last Updated 09/2017



Page 2
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#### **Statement of Contributions Received**

Form 31-A ORC 3517.10

N OG W L D U							
Name of Committee in Full							
Friends of Josh Gerth For Trustee							
Full Name of Contributor			Registrat	ion Numbe	er, if PAC		
Total Contributions from form No. 31-E - 02/11/2							
Street Address	Employer/Occup	pation/Labor Organization				Form (Cash, C	heck, etc.)
			1	1 51	1	<b>_</b>	
City	State	Zip Code	M	D	Y	Amount	
	<u> </u>		0 2	111	2 1	<u> </u>	37,500.00
Full Name of Contributor			Regisirai	ion Numbe	r, ii PAC		
Daniel Wendorf Street Address	Temployer/Occur	nation/Labor Organization				Form (Cash, C	heck ata)
	I. ' ' . '						neek, etc./
4654 Normandy Drive	Jones Lan	ge LaSalle Zip Code	M	l D	Y	Pay Pal	<del></del>
	OH	[ '	0 3	1 1	2 1	11	1 000 00
Galen Pull Name of Contributor	1011	1 143021		ion Numbe		<u> </u>	1,000.00
Robert Sathe					.,		
Street Address	Employer/Occur	oation/Labor Organization				Form (Cash, C	heck, etc.)
995 Chesterton Way	MCF Adv	risors				Check	
City	State	Zip Code	M	D	Y	Amount	1
Cincinnati	lo I h	45230	0 3	1 5	2 1		1,000.00
Full Name of Contributor	J			ion Numbe		· · · · · · · · · · · · · · · · · · ·	2/000100
William Gerth							
Street Address	Employer/Occup	oation/Labor Organization				Form (Cash, C	heck, etc.)
2435 Cherry Hills Drive	Retired					Check	
City	State	Zip Code	М	Đ	Y	Amount	
Discovery Bay	CA	94505	0 2	1 1	2 1		1,000.00
Full Name of Contributor			Registrat	ion Numbe	r, if PAC		
Steve Wilson for Ohio			<u> </u>				
Street Address		oation/Labor Organization				Form (Cash, C	heck, etc.)
102 E. Orchard Ave	State Sena	ator   Zip Code		T ::	T ::::	Check	
			M	Į Di	Y	Amount	
City	State	<b>i</b> -	1 1		1.1.	1	
Lebanon	OH		0 6	1 0	2 1	<u> </u>	500.00
Lebanon Full Name of Contributor		<b>i</b> -	0 6	1 0		<u> </u>	500.00
Lebanon Full Name of Contributor Wayne Hach	оІн	45036	0 6			Form (Cash. C	
Lebanon Full Name of Contributor Wayne Hach Street Address	O H	45036	0 6			Form (Cash, C	
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road	O H	45036	0 6			Form (Cash, C Check Amount	
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City	O H  Employer/Occup  Newmark  State	ation/Labor Organization  Knight Frank Zip Code	0 6 Registrati	on Numbe	r, if PAC	Check	heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road	O H Employer/Occup	45036  wation/Labor Organization  Knight Frank Zip Code	0 6 Registrat	ion Numbe	y 2 1	Check	
Lebanon Full Name of Contributor  Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor	O H  Employer/Occup  Newmark  State  O H	ation/Labor Organization  Knight Frank Zip Code	0 6 Registrat	D 3 0	y 2 1	Check	heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati	Employer/Occup Newmark State O H	ation/Labor Organization  Knight Frank Zip Code	0 6 Registrat	D 3 0	y 2 1	Check	250.00
Lebanon Full Name of Contributor  Wayne Hach Street Address  7811 Hopper Road City Cincinnati Full Name of Contributor  Keep Judge Stautberg Committee / Peter Stautbers	Employer/Occup Newmark State O H	ation/Labor Organization  K Knight Frank Zip Code 45255	0 6 Registrat	D 3 0	y 2 1	Check Amount	250.00
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber	Employer/Occup  Newmark  State  O H	ation/Labor Organization  K Knight Frank Zip Code 45255	0 6 Registrat	D 3 0	y 2 1	Check Amount	250.00
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautbers Street Address 7571 Ayers	Employer/Occup Newmark State O H Eng Employer/Occup Attorney	ation/Labor Organization  K Knight Frank Zip Code 45255  ation/Labor Organization	0 6 Registrat	D 3 0	Y 2 1 2 1 Y	Check Amount  Form (Cash, C	250.00
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor	Employer/Occup Newmark State O H  TS Employer/Occup Attorney State	ation/Labor Organization K Knight Frank Zip Code 45255  ation/Labor Organization	0 6 Registrat	D O O O Numbe	Y 2 1 y 2 1	Check Amount  Form (Cash, C	250.00
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer	Employer/Occup Newmark State O H Employer/Occup Attorney State O H	ation/Labor Organization  K Knight Frank Zip Code 45255  ation/Labor Organization  Zip Code 45255	0 6 Registrat	Di 3 0 ion Numbe	Y 2 1 y 2 1	Check Amount  Form (Cash, C Check Amount	250.00 heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautbers Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer Street Address	Employer/Occup Newmark State O H  Employer/Occup Attorney State O H  Employer/Occup	ation/Labor Organization  K Night Frank Zip Code 45255  Ation/Labor Organization  Zip Code 45255	0 6 Registrat	Di 3 0 ion Numbe	Y 2 1 y 2 1	Check Amount  Form (Cash, C Check Amount  Form (Cash, C	250.00 heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer Street Address 5751 Chestnut Ridge	Employer/Occup Newmark State O H  Employer/Occup Attorney State O H  Employer/Occup Self-Empl	ation/Labor Organization  K Knight Frank Zip Code 45255  ation/Labor Organization  Zip Code 45255  ation/Labor Organization  oved	M 0 6 Registrat	D 3 0 ion Numbe	Y 2 1 y 2 1	Check Amount  Form (Cash, C Check Amount  Form (Cash, C PayPal	250.00 heck, etc.)
Lebanon Full Name of Contributor  Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor  Keep Judge Stautberg Committee / Peter Stautbers Street Address 7571 Ayers City Cincinnati Full Name of Contributor  James T. Neyer Street Address 5751 Chestnut Ridge City	Employer/Occup Newmark State O H Employer/Occup Attorney State O H Employer/Occup State	ation/Labor Organization  K Knight Frank Zip Code 45255  ation/Labor Organization  Zip Code 45255  ation/Labor Organization  Zip Code 255	M 0 6 Registrat	D O O O O O O O O O O O O O O O O O O O	Y 2 1 2 1 2 1 3 if PAC	Check Amount  Form (Cash, C Check Amount  Form (Cash, C	250.00 heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer Street Address 5751 Chestnut Ridge City Cincinnati	Employer/Occup Newmark State O H  Employer/Occup Attorney State O H  Employer/Occup State O H	ation/Labor Organization  K Knight Frank Zip Code 45255  ation/Labor Organization  Zip Code 45255  ation/Labor Organization  oved Zip Code 45230	M 0 6 Registrat  M 0 4 Registrat	D O O Numbe	Y 2 1 y 2 1	Check Amount  Form (Cash, C Check Amount  Form (Cash, C PayPal	250.00 heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer Street Address 5751 Chestnut Ridge City Cincinnati *Required for contributions over \$100 to statewide and general assembly candidates.	Employer/Occup Newmark State O H  FG Employer/Occup State O H  Employer/Occup Self-Empl State O H  If contributor is self.	ation/Labor Organization  K Knight Frank Zip Code 45255  Ation/Labor Organization  Zip Code 45255  Ation/Labor Organization  Oyed Zip Code 45230  Gemployed, occupation rather than em	M 0 6 Registrat  M 0 4 Registrat	D O O O Numbe	Y 2 1 2 1 2 1 3 if PAC	Check Amount  Form (Cash, C Check Amount  Form (Cash, C PayPal	250.00 heck, etc.)
Lebanon Full Name of Contributor Wayne Hach Street Address 7811 Hopper Road City Cincinnati Full Name of Contributor Keep Judge Stautberg Committee / Peter Stautber Street Address 7571 Ayers City Cincinnati Full Name of Contributor James T. Neyer Street Address 5751 Chestnut Ridge City Cincinnati	Employer/Occup Newmark State O H  FG Employer/Occup State O H  Employer/Occup Self-Empl State O H  If contributor is self.	ation/Labor Organization  K Knight Frank Zip Code 45255  Ation/Labor Organization  Zip Code 45255  Ation/Labor Organization  Oyed Zip Code 45230  Gemployed, occupation rather than em	M 0 6 Registrat  M 0 4 Registrat	D O O O Numbe	Y 2 1 2 1 2 1 3 if PAC	Check Amount  Form (Cash, C Check Amount  Form (Cash, C PayPal	250.00 heck, etc.)



Friends of Josh Gerth for Trustee
Fall Name of Contributor

37,500.00

Name of Committee in Full

Stephen Byrnes Street Address

			- 42
Event Date	2/11/2021	Dogo	5
DACHE DATE		rage	

Amount

#### **Statement of Contributions Received** at a Social or Fundraising Event

Registration Number, if PAC

R.C. 3517.10(B)

Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   272 Sunny Acres   D   Zip Code   Forn(Cash,Check,etc)   Clincinnati   O   H   45255   Check   Full Name of Contributor   Registration Number, if PAC    Rob Schmittauer   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    7215 Royalgreen Dr   Cinti Bell   D   Zip Code   Form(Cash,Check,etc)    State   Zip Code   Form(Cash,Check,etc)    State   Zip Code   Form(Cash,Check,etc)    Clincinnati   O   H   PavPal    * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.  Total contributions this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.	7686 Coldstream Dr	I&M Marketing				0 2	0 5	2 1	1	200.00
Fall Name of Contributer   Lance Akkins / BRC Professional Bidg, LLC   Stock Akins / Brook Contributer   Daniel Brod Stock Akins   Daniel B	City	Si	ate	Zip Code		Form(Cas	h,Check,e	tc)		
Lance Atkins / BRC Professional Bidgs, LLC   Store Address   Supplyer/Occupation/Labor Organization*   M   D   Y   Amount   1,000.00		O H 45255			5255					
Storet Address						Registrati	on Numbe	r, if PAC		
April Name of Contributor				<del></del>				1	<b>.</b>	
State   Zip Coals	1	1 '				[	i	1	Amount	
Cincinnati Pull Name of Contributor Daniel Brod Street Address Street S	435 Ohio Pike				ub			1		1,000.00
Fall Name of Courtibutor	l '	1	ate I	1 '		1 .		•		
Daniel Brod   Street Address   Employer/Occupation2.abor Organization*   M   D   V   Amount   1,000,000		10	Ц.Н.	4.	5255				J	
Storet Address					•	Kegishan	on ivanide	i, ii rac		
Self-Employed		Employe	/Occupation	n/Lahor Organiza	ation*	M	D	ΓV	Amount	
City   State   Zip Code   Ferric Cash, Cheek, etc.						1	1 1	l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 000 00
Chick   Registration Number, IF PAC					·		h.Check.e	L.#T		1,000,00
Full Name of Contribution   Store   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	[		1 rr	1	5220	1		′		
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Aurount		10	<u></u>	1 4	0230					
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Aurount	Joseph Mayernik/Sonoma Holdings LLC					"		•		
Cincinnati     O	Street Address	Employer	/Occupation	n/Labor Organiza	ation*	М	D	Y	Amount	<del></del>
Cincinnati     O	4537 Ferguson Drive Ste 280	Sonor	na Ho	ldings		ո շ	0 5	2 1		5,000,00
Full Name of Contributor  Adam Mayerson  State   Mayerson Company   D   Y										0,000.00
Full Name of Contributor  Adam Mayerson  State   Mayerson Company   D   Y	Cincinnati		н	4,	5245	l	Check			
State   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount									<u></u>	
State   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	Adam Maverson									
City State Zip Code Check Form(Cash, Check, cto)  Cincinnati O H 45202 Check Form(Cash, Check, cto)  Check Registration Number, if PAC  Kevin Osterfeld  Street Address Employer/Occupation/Labor Organization* M D Y Amount  272 Sunny Acres O 2 0 5 2 1 1,000,00  City State Zip Code Form(Cash, Check, cto)  Cincinnati O H 45255 Check  Full Name of Contributor  Registration Number, if PAC  State Zip Code Form(Cash, Check, cto)  Cincinnati O H A5255 Check  Full Name of Contributor  Rob Schmittauer  Street Address  Employer/Occupation/Labor Organization* M D Y Amount  7215 Royalgreen Dr Cinti Bell O 2 0 5 2 1 1,000,00  City State Zip Code Form(Cash, Check, cto)  Cincinnati O H PavPal  *Required for contributions from individuals over \$100 to statewide and general assembly candidates, if contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.		Employer	/Occupation	n/Labor Organiza	ntion*	М	D	Y	Amount	*************
State   Zip Code   Form(Cash, Check, ctr)	1511 Elm St	The M	lavers	on Compa	ınv	0 2	0 5	2 1	i .	1.000.00
Full Name of Contributor  Kevin Osterfeld  Street Address  Emplayer/Occupation/Labor Organization*  M D Y Amount  1,000.00  Amount  1,000.						Form(Cas	h,Check,et	te)		
State   Zip Code   Cincinnati			H	45	5202		Check			
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   272 Sunny Acres   D   Zip Code   Forn(Cash,Check,etc)   Clincinnati   O   H   45255   Check   Full Name of Contributor   Registration Number, if PAC    Rob Schmittauer   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    7215 Royalgreen Dr   Cinti Bell   D   Zip Code   Form(Cash,Check,etc)    State   Zip Code   Form(Cash,Check,etc)    State   Zip Code   Form(Cash,Check,etc)    Clincinnati   O   H   PavPal    * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.  Total contributions this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.	Full Name of Contributor	,				Registrati	on Numbe	r, if PAC		
272 Sunny Acres  City  State  City  State  Cip Code  Form(Cash,Check,etc)  Cincinnati  O H 45255  Check  Registration Number, if PAC  Amount  1,000,00  Registration Number, if PAC  Amount  1,000,00  Registration Number, if PAC  Amount  1,000,00  Registration Number, if PAC  Re	Kevin Osterfeld									
City Cincinnati City Cincinnati City Cincinnati City Cole Cincinnati City City Cincinnati City City City City City City City Ci	Street Address	Employer	/Occupation	n/Labor Organiza	tion*	M	D	Y	Amount	
Cincinnati  O H 45255  Check  Full Name of Contributor  Registration Number, if PAC  Rob Schmittauer  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  7215 Royalgreen Dr  Cinti Bell  O 2 0 5 2 1  1,000.00  City  State  Zip Code  Form(Cash, Check, etc)  Cincinnati  A Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.  Total expenditures this event										1,000.00
Pull Name of Contributor  Rob Schmittauer  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  7215 Royalgreen Dr Cinti Bell D State State Sign Code Form(Cash,Check,eto) Cincinnati  *Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.  Total expenditures this event	City	St	ate	Zip Code		Form(Cas	h,Check,et	c)		
Rob Schmittauer  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  7215 Royalgreen Dr Cinti Bell D State			H	45	5255					
Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  7215 Royalgreen Dr  Cinti Bell Zip Code State Zip Code PavPa  *Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.	Full Name of Contributor					Registrati	on Numbe	r, if PAC		
7215 Royalgreen Dr City State Zip Code Porm(Cash, Check, etc) Cincinnati * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.	Rob Schmittauer									
City  Cincinnati  * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.		1		n/Labor Organizz	ition*	j	ı	J	Amount	
*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.  Total contributions this event				r <del>a: a :</del>	<del></del>					1,000.00
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.		1 .	ite I	Zip Code		1				
should be listed. If two or more employees contribute via payroli deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.  Total contributions this event  Total contributions this event	Cincinnati	10	H	<u> </u>		L	<u>PavPa</u>	<u> </u>		
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.  Total contributions this event  Total expenditures this event										
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.  Total contributions this event  Total expenditures this event	Fill in the boxes below only on the last page for this event.									
in the date column.  Total contributions this event  Total expenditures this event										
					will list	(1110 (7)				
Page Total \$ 10 200 00	Total contributions this event To	tal expenditu	res this evo	ent					ana Total C	10 200 00

0.00

Employer/Occupation/Labor Organization\*



Event Date	2/11/2021	Page	T

## Statement of Contributions Received at a Social or Fundraising Event

Form 31-E R.C. 3517.10(B)

Name of Committee in Full				
Friends of Josh Gerth for Trustee		Decistration Number (CDAC)		
Teff Rosa		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
6284 Turpin Hills Dr	Weichert Realtors	0 2 0 5 2 1 1,000.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	IO H I	Check Registration Number, if PAC		
		Registration Number, it PAC		
John Zeilman   Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
237 Coldstream Club Drive	Zeilman - James Homes, Inc.	0 2 1 1 2 1 500.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	O H 45255	Check Registration Number, if PAC		
Heather Denning		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
1058 White Pine Ct		0 2 1 1 2 1 1,000.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	O H 45255	Check Registration Number, if PAC		
Matthew Tekulve		Registration Number, it FAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
8307 Little Harbor Drive	Kerry Ingredients	0 2 1 1 2 1 1,000.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	O H 45244	Check Registration Number, if PAC		
Wendell Shelton		Registration Number, it PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
7870 Forest Road		0 2 1 1 2 1 1,000.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	O H 45255	Check Registration Number, if PAC		
Richard Homan		Registration Number, it FAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
7987 Ayers Road	Turner Construction	0 2 1 1 2 1 1,000.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati Full Name of Contributor	O H 45255	Check Registration Number, if PAC		
Duane Donohoo		registration Number, it fac		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
670 BEnnettwoods Ct	Donohoo Accounting Services	0 2 1 1 2 1 500.00		
City	State Zip Code	Form(Cash,Check,etc)		
Cincinnati	O H 45230	Check		
* Required for contributions from individuals over \$100 to statewide and general asse	white and the second state of the second sec	and the section of th		
should be listed. If two or more employees contribute via payroll deduction and excee		- •		
members, if any, must appear. [R.C. 3517.10(B)(4)]				
Fill in the boxes below only on the last page for this event.				
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of in the date column.	Contributor state "Contributions from form No. 31-E" and li-	st the date of the event		
at the rate Contains				
Total contributions this event Total	al expenditures this event			
		Page Total \$6,000.00		



Event Date	2/11/2021	Page 5

### **Statement of Contributions Received** at a Social or Fundraising Event

R.C. 3517.10(B)

Name of Committee in Full		<del></del>			·····		<del></del>	
Friends of Josh Gerth for Trustee Full Name of Contributor		*		Registration	Number	ifPAC	·	
Michael Zicka						,		
Street Address	Employer/Occupation		ition*	М	D	Y	Amount	40.000.00
7861 E. Kemper Road	Zicka Home	ES Zip Code		0 2 Form(Cash,	Check,et	2 1 c)		10,000.00
Cincinnati	ОН	<u> </u>			Check			
Full Name of Contributor				Registration	n Number	, if PAC		
Patrick Kiggins, Jr Street Address	Employer/Occupation	on/Labor Organiza	ition*	M	D	Y	Amount	
2298 Bruns Ln	Virtustream	1	<del> </del>	1 1	1 8	2 1		1,000.00
City Cimple most	State O H	Zip Code		Form(Cash,		c)		
Cincinnati Full Name of Contributor	<u> </u>	<b></b>		Registration	heck Number	, if PAC		
Brian Carley		***************************************		ļ			·	
Street Address 7676 Coldetwee va Moode Dv	Employer/Occupation	on/Labor Organizat	tion*	м 0 21	р 1 2	Y 1	Amount	1 000 00
7676 Coldstream Woods Dr City	State	Zip Code		Form(Cash,				1,000,00
Cincinnati	OH	<u> </u>			heck			
Full Name of Contributor Charles Gerhardt, III				Registration	n Number	, if PAC		
Street Address	Employer/Occupation	m/Labor Organizat	tion*	М	D	Y	Amount	
700 Walnut Street, Ste 450	HP	r <u>.,</u>			1 1	2 1		1,500,00
Cincinnati	State	Zip Code	5202	Form(Cash,	Check,et Check	c)		
Full Name of Contributor	1. V. i. II.	45	1202	Registration		if PAC		
James Sowar	TE -1		41*	<u> </u>		· · · · · ·		
Street Address 1234 Mistymeadow Ln	Employer/Occupation Deloitte	n/Labor Organizai	tion*	м 0 2	р 1 1	у 2 1	Amount	1,000,00
City City	State	Zip Code		Form(Cash,				1,000.00
Cincinnati Full Name of Contributor	ОН	<u> </u>			heck	1031.6		
William Stuart Dornette				Registration	Number	, II PAC		
Street Address	Employer/Occupatio	n/Labor Organizat	tion*	М	D	Y	Amount	
329 Bishopbridge Drive	Attorney	Zip Code	·····		1 1	2 1		1,000.00
Cincinnati	State	Zip Code		Form(Cash,	Check,et	<b>;</b> )		
Full Name of Contributor	<u> </u>	<del> </del>	<del></del>	Registration		if PAC		
Robert Strub III Street Address	Employer/Occupatio			МТ	D	Y		**************************************
7996 Ayers Road	Citibank	n/Labor Organizat	11011*	1 1	1 1	2 1	Amount	1,000.00
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Form(Cash,				1,000.00
Cincinnati	ОН	<u> </u>		C	heck			,
* Required for contributions from individuals over \$100 to statewide and general asser	mbly candidates. If cor	utributor is self-em	inloved accumulation	rather than on	nnlover			
should be listed. If two or more employees contribute via payroll deduction and exceed	•							
members, if any, must appear. [R.C. 3517.10(B)(4)]								
Fill in the boxes below only on the last page for this event.								
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of C	Contributor state "Cont	ributions from for	m No. 31-E" and list	t the date of th	he event			
in the date column.								
Total contributions this event Total	al expenditures this eve	ent			[			
100		1				Pa	age Total \$ 16,5	500.00



Event Date	2/11/2021	Page	

## Statement of Contributions Received at a Social or Fundraising Event

Form 31-E

R.C. 3517.10(B)

Name of Committee in Full		**************************************		
Friends of Josh Gerth for Trustee				
Full Name of Contributor			Registration Number, if PAC	
Edward Harvey Street Address	Employer/Occupation/Lat	bor Organization*	M D Y Amount	
6730 Hidden Hills Drive			$\begin{bmatrix} 0 & 2 & 1 & 1 & 2 & 1 \end{bmatrix}$	1,000.00
City		Code	Form(Cash,Check,etc)	
Cincinnati Full Name of Contributor	O H	45230	Credit Card Registration Number, if PAC	
Kimberly Jump			Registration Number, it IAC	
Street Address	Employer/Occupation/Lal	or Organization*	M D Y Amount	
2387 Shimmering Bay Lane	Digital Enterpr		0 2 1 7 2 1	200.00
City		Code	Form(Cash,Check,etc)	
Cincinnati Full Name of Contributor	10   H	45244	PayPal Registration Number, if PAC	
Michael Zins				j
Street Address	Employer/Occupation/Lab	oor Organization*	M D Y Amount	
225 Coldstream Club Drive	WorldPay State Zip	Code	0 2 1 8 2 1 Form(Cash,Check,etc)	100,00
Cincinnati	O H	45255	Check	
Full Name of Contributor		43233	Registration Number, if PAC	
Paul Kitzmiller				
Street Address	Employer/Occupation/Lab	-	M D Y Amount	
7995 Ayers Road	Core Resources	Code	0 2 1 1 2 1 Form(Cash,Check,ete)	1,000.00
Cincinnati	OH	45255	Check	
Full Name of Contributor		-10200	Registration Number, if PAC	
Barbara Squeri	······································			
Street Address	Employer/Occupation/Lab	or Organization*	M D Y Amount	
7886 Ayers Road City	State Zip	Code	0 2 1 1 2 1 Form(Cash,Check,etc)	500.00
Cincinnati	отн	45255	Check	
Full Name of Contributor			Registration Number, if PAC	
David Kitzmiller Street Address	Translation (Commercial Action			
229 Coldstream Club Drive	Employer/Occupation/Lab Core Resources	-	M D Y Amount 0 2 1 1 2 1	1 000 00
City City		Code	Form(Cash,Check,etc)	1,000.00
Cincinnati	ОН	45255	Check	ĺ
Full Name of Contributor			Registration Number, if PAC	
Joseph Hayden III Street Address	Employer/Occupation/Lab	or Organization*	M D Y Amount	
7991 Ayers Road	Bon Secours Me		0 2 1 1 2 1	1,000.00
City	State Zip 0		Form(Cash,Check,etc)	1,000.00
Cincinnati	о_н	45255	Check	
* Required for contributions from individuals over \$100 to statewide and get should be listed. If two or more employees contribute via payroll deduction a members, if any, must appear. [R.C. 3517.10(B)(4)]  Fill in the boxes below only on the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Under Full in the date column.	and exceed the aggregate of \$100, the	labor organization of which	th the employees are	
			****	
Total contributions this event	Total expanditures this event		Page Total \$	4,800.00
			-	7



	7
Page	

# Statement of Expenditures Form 31-B R.C. 3517.10

Name of Committee in Full							<del> </del>	
Friends of Josh Gerth for Trustee								
To Whom Paid	*************			M	D	Y	Amount	****
PayPal				0 3	1 5	2 1		72.25
Address	Purpose				4			·····
2211 North First Street	Paym	ent Fe	e					
City	State		Zip Code	Check Nu	mber	***************************************		······
San Jose	C	Α	95131		Online	3	İ	
To Whom Paid				М	D	Y	Amount	
Square				0 2	1 1	2 1		26.10
Address	Purpose							
1455 Market Street, Suite 600		ent Fe					·	
City	State		Zip Code	Check Nu	ımber			
San Francisco	C	L A	94103		Online		<u> </u>	
To Whom Paid				М	D	Y	Amount	
Josh Gerth	15		and the state of t	0 3	0 3	2 1		329.87
Address	Purpose							
8326 Little Harbor Dr City	Keim	b for ca	ampaign apparel (masks)  Zip Code	Check Nu	bor		<del></del>	
	O	:	-	CHECK IVI			ł	
Cincinnati To Whom Paid	L Q	H	45244	M	1068	Y	Amount	
				0 3	3 1	2 1	· · · · · · · · · · · · · · · · · · ·	E00.00
Gregory M. Harshfield	Purpose		······································	10 3	<u> </u>	14 1	1	500.00
1148 Mardyka Rd	1	aion t	vebsite maintenance/hos	ting m	arkati	na le c	ocial mo	dia
1148 Nordyke Rd	State		l	Check Nu	ımber	ng oc s	Ciai iiie	ша
Cincinnati	l٥	Н	45255	1	1071		•	
Cincinnati To Whom Paid				М	D	Y	Amount	<del>V da que de casti la presidente de c</del> erce.
Hometown Strategies				0 3	1 0	2 1	1	2,000.00
Address	Purpose				<del></del>	***********	<del></del>	·
PO Box 352	Camp	aign (	Consulting					
City	State		Zip Code	Check Nu	ımber			
Loveland	0	H	45140		1069			
				М	D	Y	Amount	
Friends of Lausten	<del>,</del>		··········	0 3	1 0	2 1	<u> </u>	1,000.00
Address	Purpose							
7845 Stonehill Drive			Contribution	Let 3 M				
City	State		Zip Code	Check Nu			l	
Cincinnati To Whom Paid	0	H	45255	M.	1070	Y	Amount	
					3 1	2 1	Amount	000 00
N2 Company Address	Purpose			0 3	3 1	14 1	I	275.00
PO Box 745759	l '	traam	Life 1/4 page ad					
City	State		Zip Code	Check Nu	mber		<b></b>	·
Atlanta	G	Α	30374		1072		1	
To Whom Paid	<u> </u>		1 0007 <del>1</del>	М	D	Y	Amount	***************************************
N2 Company				0 6	0 1	2 1		825.00
Address	ddress Purpose							
PO Box 745759	PO Box 745759 Coldstream Life 1/4 page ad							
City	Str	nte	Zip Code	Check Nu	mber		I	
Atlanta	G	Α	30374	<u> </u>	1078		<u></u>	

Page Total \$	5,028.22
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Page 8	Page	8	
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### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Friends of Josh Gerth for Trustee To Whom Paid				М	D	Τy	Amount	
· ·				1	J		Autoun	050.00
Varner Foundation for Children & Families Address	Purpose			0 4	2 0	2 1	<u> </u>	250.00
	1 '		acarahin far fundraisina	orrom t				
8503 Clough Pike	State	e spoi	nsorship for fundraising (  Zip Code	Check N	lumber	·	T	
Cincinnati	0	Н	45244		1077		1	
To Whom Paid	1.0.		1 45244	M	T D	Ϋ́	Amount	
Friends of Green GOP				0 6	0 1	2 1		200.00
Address	Purpose			10 0	10 +	141	·	200.00
5599 Rapid Run Road	Camn	aion I	Event attendance					
City	Sta	ite	Zip Code	Check Number			<b>T</b>	
Cincinnati	0	Н	45238	1	1079			
Cincinnati To Whom Paid			1949Y	М	D	Y	Amount	
American Solutions For Business				0 6	2 8	2 1		1,318.40
Address	Purpose	*****			1		·····	
8479 Solution Center	Camp	aign r	nerchandise					
8479 Solution Center City	Sta		Zip Code	Check N	lumber	*************	<u> </u>	
Chicago	I	L	60677		1080			
To Whom Paid				М	D	Y	Amount	
The Patriot Center of Cincinnati				0 4	2 8	2 1		80.00
	Purpose			,				
PO Box 54390	Hall R	lental						
City	Sta	te	Zip Code	Check N	umber			
Cincinnati	0	H	45254		1074			
To Whom Paid				М	D	Y	Amount	
Anderson Athletic Boosters			****	0 5	0 2	2 1	<b></b>	375.00
Address	Purpose							
7560 Forest Road	Hole S	pons	orship/entrance fee					
City	State		Zip Code	Check N			İ	
Cincinnati To Whom Paid		H	45255	M	_1075 T □	ΙÝ	Amount	
				1	1	1	Amount	
N2 Company Address	Purpose			0 5	0 2	2 1	<u> </u>	550.00
	1 '							
PO Box 745759 City	1/4 Pa	ige au	Zip Code	Check N	umber	<del></del>	T	
Atlanta	G	۸	30374		1076			
To Whom Paid	1 (3 1	Α	130374	М	1 D	Y	Amount	
Address	Purpose			-L			L	
	1							
City	State	·	Zip Code	Check N	umber		I	
			•	1			ľ	
To Whom Paid	·····			М	D	Y	Amount	
							ł	
Address Purpose								
•								
City	Star	te	Zip Code	Check N	umber		l	
							•	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>

Page Total \$ 2,773.	40_
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### **In-Kind Contributions Made**

Form 31-J-2 R.C. 3517.10

Full Name of Committee						
Friends of Josh Gerth For Trustee						
Recipient Committee						
Friends of Lausten						
Street Address	Description of I	tem or Ser	vice		Date (MM/DD/YYYY)	Fair Market Value
7845 Stonehill Drive	Ad in local p	oublicatio	on		3/31/2021	137.50
City		State	Zip Code			
Cincinnati		он	45255			
Recipient Committee						
Friends of Lausten						
Street Address	Description of I	tem or Ser	vice		Date (MM/DD/YYYY)	Fair Market Value
7845 Stonehill Drive	ehill Drive Ad in local publication				6/1/21	412.50
City		State	Zip Code			
Cincinnati		ОН	45255			
Recipient Committee		<u> </u>				91
Friends of Lausten						
Street Address	Description of It	em or Ser	vice		Date (MM/DD/YYYY)	Fair Market Value
7845 Stonehill Drive	Hall rental fo	or event			4/28/21	40.00
City		State	Zip Code			
Cincinnati		ОН	45255			
Recipient Committee						
Friends of Lausten						
Street Address	Description of It	em or Ser	vice		Date (MM/DD/YYYY)	Fair Market Value
7845 Stonehill Drive	Ad in local p	ublicatio	on		5/2/21	275.00
City		State	Zip Code			
Cincinnati		ОН	45255			
Recipient Committee						
Friends of Lausten						
Street Address	Description of Item or Service				Date (MM/DD/YYYY)	Fair Market Value
7845 Stonehill Drive	Food & Bev	erage fo	r Meet & Greet		6/30/21	299.30
City		State	Zip Code			
Cincinnati		ОН	45255			





#### **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

E 11 N 6 O	**************************************						
Full Name of Committee Friends of Josh Gerth for Trustee							
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Paul Kitzmiller			Core Resources				
Street Address	Description	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
7995 Ayers Road	Food & b	everages	for 2/11 fundrais	ing event	02/11/2021	1722.86	
City	Sta	ite	Zip Code	Received at Fundraisi	ng Event?		
Cincinnati	OF	+ -	45255				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC	
Street Address Description of Item or S			Service Date (MM/DD/YYYY) Fair Ma			Fair Market Value	
City	Sta	ite	Zip Code	Received at Fundraisi	ng Event?		
		-		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Street Address	Description	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	Sta	te	Zip Code	Received at Fundraisin  Yes No	ng Event?		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC	
Street Address Description of Item or 3			Service Date (MM/DD/YY			Fair Market Value	
City	Sta	te	Zip Code	Received at Fundraisin			
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PA			f PAC	
Street Address	Description	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	Sta	te ▼	Zip Code	Received at Fundraising Event?			

	1,722.86	
Page Tot	al \$	····

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]